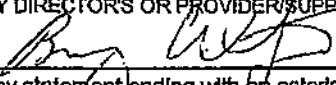


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/26/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445392	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/13/2016
NAME OF PROVIDER OR SUPPLIER ADAMSPLACE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1927 MEMORIAL BOULEVARD MURFREESBORO, TN 37129		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 441 SS=E	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p>	F 441	<p>The Plan of Correction is submitted as required under State and Federal Law. The facility's submission of the Plan of Correction does not constitute an admission on the part of the facility that the findings cited are accurate, that the findings constitute a deficiency, or that the scope and severity determination is correct.</p> <p>F441 It is the policy and procedure of AdamsPlace to maintain an effective Infection Control Program to help prevent the development and transmission of disease and infection. The Director of Environmental Services immediately changed our current practice to include smaller biohazard containers lined with red bags as recommended by the surveyor. The other biohazard locations in the facility were all reviewed to ensure proper compliance. Partners were In-serviced 4/13/16 by The Director of Environmental Services on proper biohazard procedures. The Director of Environmental Services and/or designee will monitor as necessary for compliance.</p>	4/20/16	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
	Administrator	5-27-16

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

May. 27. 2016 3:16PM

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

No. 0588RIN1P. 404/26/2016

FORM APPROVED

OMB NO. 0938-0391

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F 441	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to store biohazard waste in a sanitary manner for one of two biohazard rooms observed.</p> <p>The findings included:</p> <p>Observation of wound care with the Wound Care Nurse on 4/13/16 at 9:27 AM, revealed the Wound Care Nurse completed a dressing change and placed visibly soiled items in a red biohazard bag. Continued observation revealed the Wound Nurse took the bag containing the biohazard items to a room labeled soiled utility, and then placed the biohazard items in a large wheeled plastic container. Further observation of the container revealed there was no red biohazard bag in the container; and there was a visibly soiled towel on the bottom of the container, multiple loose gloves, and a broke plastic fork.</p> <p>Interview with the Wound Care Nurse on 4/13/16 at 9:39 AM, confirmed the facility failed to follow infection control practice by not disposing of the biohazard items in an approved manner.</p>	F 441			